

INSTRUCTIONS FOR FACILITY RESTORATION

When to **restore** a facility registration – The owner of a facility must restore the registration if it has been cancelled or expired for one year or more.

When to **renew** a facility registration – The owner of a facility must renew the registration if the registration has been cancelled or expired for less than one year. The renewal form is available on the website.

Cancelled and Expired Registrations

Cancelled registration – The facility owner has notified the board in writing (by letter, fax, or email) that PT or OT services are no longer being provided. A registration may be cancelled up to 30 days after the registration's expiration date.

Expired registration – The registration is not cancelled and the facility registration expires.

If you do not know whether your facility registration was cancelled, contact the Facility Licensing staff at 512/305-6900 before you submit this form.

Restoration Requirements: Submit the following to the Board. (If PT and OT facilities at the same location are being restored, each discipline must be restored with a separate application.)

- Restoration application
- Therapist in Charge form signed by the current therapist in charge.
- Fee (check or money order only). Please include the name of the facility on the check.

Fees
Restoration of a cancelled facility registration - \$215
Restoration of an expired facility registration - \$430

Mail the application, Therapist in Charge Form, and the fee to the address below. The Therapist in Charge Form may also be faxed separately to 512/305-6970.

ECPTOTE

333 Guadalupe St, Ste 2-510
Austin, TX 78701-3942

Registration Expiration Date once the Registration is Restored

The restoration of a facility registration will return an existing registration to current status. The registration will expire in the same month as it did originally.

For example, if a facility registration expired on November 30, 2008 and it was restored in May 2012, after its registration has been restored, its new expiration date will be November 30, 2013.

Change in Ownership

Facility registration cannot be transferred to a new owner. If a facility is bought, sold, or ownership is otherwise transferred, the new owner must submit a registration application, pay the registration fee, and receive a new facility registration number. The old registration and renewal certificates must be returned to the board.

A change of ownership is considered to occur when a sole proprietor (individual) incorporates or changes to a partnership; a partnership incorporates or changes to a sole proprietor; a corporation dissolves and changes its status to a partnership or sole proprietor; or a sole proprietor (individual), partnership, or corporation purchases, sells, or transfers the ownership to another individual, partnership, or corporation.

Change of Managing Officers

If there is a change of managing partners in a partnership or managing officers in a corporation, the owner of the facility must send the board written notification within 30 days. Please see the rules for the information required on managing officers.

FACILITY RESTORATION FORM

Executive Council of Physical Therapy and Occupational Therapy Examiners



333 Guadalupe St, Ste 2-510, Austin, TX 78701-3942

www.ptot.texas.gov

Phone: 512/305-6900

Fax: 512/305-6970

(Circle one) OT PT (Only one type per application.)

For Office Use Only

Application No.:

Processed by:

Date:

PAGE 1 of 3

Complete all of the blank information fields in the spaces below.

Please see the attached instructions for more information.

Registration No.: _____

Expiration Date: _____

Fee Enclosed: _____

Please check one:

_____ This facility's registration was cancelled.

_____ This facility's registration expired.

NAME OF FACILITY (As it appears on wall license)

STREET ADDRESS AND PHONE NUMBER

MAILING ADDRESS (if different)

THERAPIST IN CHARGE (TIC) – NAME AND LICENSE NUMBER If the Therapist-in-Charge has changed since registration or last renewal, you must send in a signed TIC Form to complete the restoration process. Please see the instructions.

NAME

LICENSE NUMBER

TYPE OF OWNERSHIP (circle one) 1. Corporation 2. Sole Proprietorship 3. Partnership 4. Government Entity

If the type of ownership has changed since registration or the last renewal, this facility registration cannot be restored. Please see the instructions for more information.

THIS BOX MUST BE SIGNED BY THE OWNER, MANAGING PARTNER OR OFFICER, OR A PERSON AUTHORIZED BY THE OWNER TO COMPLETE THE RESTORATION OF THIS FACILITY.

By signing below, I attest that all information submitted in this restoration is true and correct.

SIGNATURE

DATE

PRINTED NAME

TITLE/POSITION

PHONE NUMBER

EMAIL ADDRESS



333 Guadalupe St. #2-510. Austin, TX 78701-3942

www.ptot.texas.gov

Phone: 512/305-6900

Fax: 512/305-6970

PAGE 2 OF 3 - OWNERSHIP IDENTIFICATION/CONTACT INFORMATION**FACILITY REGISTRATION NO.:**

NAME OF THE ENTITY THAT OWNS THE BUSINESS *If the entity is a sole proprietorship operated under the name of the owner, enter that name both here and in the contact information field below.*

OWNER'S FEDERAL TAXPAYER ID NUMBER *(SSN allowed only if the owner is a sole proprietor and has no federal Employer Identification Number. Enter one number only.)*

EIN only

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SSN only

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OWNER INFORMATION

- If **SOLE PROPRIETOR**, enter contact information for the owner in **Name 1 Box**.
- If **GOVERNMENTAL ENTITY**, enter contact information for the person authorized to act for the entity in **Name 1 Box**.
- If **PARTNERSHIP OR CORPORATION**, enter contact information for the managing partner or officer in **Name 1 Box**; enter information for the other 3 top officers in the remaining boxes.

Name 1

Area Code/Phone No.

Position/Title

SSN

Date of Birth

Address

City

State

Zip Code

Name 2

Area Code/Phone No.

Position/Title

SSN

Date of Birth

Address

City

State

Zip Code

Name 3

Area Code/Phone No.

Position/Title

SSN

Date of Birth

Address

City

State

Zip Code

Name 4

Area Code/Phone No.

Position/Title

SSN

Date of Birth

Address

City

State

Zip Code



PAGE 3 OF 3 - THERAPIST IN CHARGE STATEMENT & LIST OF THERAPISTS AND ASSISTANTS

This page must be signed by the Therapist in Charge. You are required by rule to supply information about licensees of the Board working in the facility in the section below. Do NOT include the Therapist in Charge, whose name and license number should appear on the affidavit below. Attach another page if you need more space.

FACILITY REGISTRATION NO:	
LICENSEE'S NAME:	
LICENSE NUMBER:	
THE SECTION BELOW MUST BE COMPLETED AND SIGNED BY THE THERAPIST IN CHARGE ONLY.	
By signing this form, I attest that I have the authority over and responsibility for this facility's compliance with the Act and Rules of the Board. I swear that the information submitted for the restoration of this facility's registration is true and correct to the best of my knowledge.	
SIGNATURE OF THERAPIST IN CHARGE	DATE
PRINTED NAME OF THERAPIST IN CHARGE	LICENSE NUMBER